

# OPERATION: MILITARY KIDS

DVEM - Family Program Office  
State House Station #33  
Augusta, Maine 04333-0033



## Youth Camp 2006 Junior Counselor Application

The Maine National Guard Youth Camp is designed to offer an active, healthy environment where Guard children will grow in confidence, character, and friendships with other Guard children. Activities include rappelling, archery, kayaking, confidence course, overnight bivouacs, arts & crafts, hiking, and swimming.

The 6th Annual Maine Guard Youth Camp will be held in **TWO** sessions for 2006:

WEEK	DATE	CAMP	CAMPERS' AGES	JC's AGES
(1)	9-15 July	Youth Camp	Children ages 9-12	15-17 on 1 July 2006
		Day Camp	Children ages 5-8	15-17 on 1 July 2006
(2)	16-22 July	Cadet Program	Children ages 13-14	16-17 on 1 July 2006
	16-22 July	Youth Camp	Children ages 9-12	15-17 on 1 July 2006
		Day Camp	Children ages 5-8	15-17 on 1 July 2006

Each session will take place at Bog Brook Training Site, Gilead, ME and is open to Guard Kids and volunteers. "Guard Kids" and Junior Counselors (JCs) are children (whether natural, adopted, or step children) of a current member of the Maine National Guard.

We are now accepting applications for Junior Counselors (JCs). A committee will select JCs based on merit. Applications must be received at the address above no later than **1 April 2006** to be considered. We have approximately fourteen (14) JC slots for Weeks 1 and 2. And we have approximately six (6) JC slots for the Cadets. We will notify all applicants by 15 April 2006 of selection or non-selection.

All JCs must attend the White Water Training to be held in June. Rafting is not a requirement. The time/date/location of the training will be sent to you in your welcome packet. JCs who do not display a positive attitude, good behavior, and helpfulness during the White Water Training will forfeit the opportunity to participate at Youth Camp.

Reporting time for JCs for each camp is Noon the day before camp begins. Additional training, set up, and in-processing will take place during that time.

Thank you for your interest in the Maine National Guard Youth Camp. If you have any questions regarding Camp, please contact Rick Bach of the Family Program office at 1-800-581-9989 or (207) 626-4384 or you may email [Richard.Bach@us.army.mil](mailto:Richard.Bach@us.army.mil).

Encl  
Application

RICK BACH  
Child & Youth Services Specialist  
State Family Program

# OPERATION: MILITARY KIDS

DVEM - Family Program Office  
State House Station #33  
Augusta, Maine 04333-0033



I would like to volunteer for:

- \_\_\_ JC Session 1 – 9-15 July ‘06  
\_\_\_ JC Session 2 – 16-22 July ‘06  
\_\_\_ JC No preference (either week)  
\_\_\_ JC for Cadet Week (I will be at least 16 in July)

Category: (Check all that apply)

- ☐ Parent was mobilized in FY06  
☐ Parent was mobilized in FY05  
☐ I was JC at Bog Brook before  
☐ First time JC at Bog Brook  
☐ My brother/sister will be a camper  
☐ My brother/sister will be a cadet

NAME: \_\_\_\_\_  
                    FIRST                    MI                    LAST                    AGE ON 1 JULY 2006

\_\_\_\_\_  
“NICK” NAME                    GENDER                    DATE OF BIRTH                    HOME PHONE

\_\_\_\_\_  
STREET ADDRESS                    CITY                    STATE                    ZIP CODE

E-MAIL ADDRESS: \_\_\_\_\_

Parent’s Unit of Assignment \_\_\_\_\_ Army or Air: \_\_\_\_\_

Have you ever been convicted of a crime against children? \_\_\_\_\_

List brothers/sisters who will be attending as a *Camper or Cadet*:

\_\_\_\_\_

## JC'S HEALTH INFORMATION

Are you in good health? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special dietary needs: \_\_\_\_\_

Do you suffer from any allergies, require any medications, or suffer from any medical or emotional conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain and list medications: \_\_\_\_\_

\_\_\_\_\_

Do you have any disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of your physician: \_\_\_\_\_

\_\_\_\_\_

PARENT'S NAME:

**FIRST**

**LAST**

GUARD MEMBER'S UNIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

EMAIL ADDRESS(ES): \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ EVENING TELEPHONE: \_\_\_\_\_

OTHER NUMBERS OF PARENT(S) OR GUARDIANS:

PAGER: \_\_\_\_\_ CELL TELEPHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

ADDITIONAL PERSON WHO COULD LOCATE YOU IN CASE OF EMERGENCY

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## PRESS INFORMATION

Newspapers to receive press release: City: \_\_\_\_\_ Name of Newspaper: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN APPROVAL

I hereby voluntarily waive any claims against the Maine National Guard and the United States of America of any and all causes, which may arise in connection with the participation of this child in the Maine National Guard Youth Camp. I approve of my child's participation in all camp activities. (See attached tentative activities)

SIGNATURE OF PARENT/GUARDIAN

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
The parent or legal guardian must sign the form

**Return payment and application not later than 1 May 2006**  
**DVEM, Attn: Family Program, State House Station #33, Augusta, Maine 04333-0033**

---

## PARENTAL AGREEMENT

Junior Counselor's Name

\_\_\_\_\_  
(Last, First, M.I.)

I authorize my child to participate in the MENG Youth Camp, an event to be conducted in July 2006 at Bog Brook Training Area in Gilead, ME. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the Maine National Guard shall not be liable for injuries sustained by my child while participating in the training event. For purposes of this release, "Maine National Guard" shall include all Guard personnel, the State of Maine and the U.S. Government. I understand that participation in the event involves the risk of serious injury. I accept and assume sole responsibility and liability for my child for such risks.

I hereby authorize the Maine National Guard to secure such emergency medical advice and services as may be necessary for my child's health and safety and I agree to accept financial responsibility for such medical advice and services.

I understand that Maine news media may be invited to view, photograph or film portions of the event, and may interview attendees. My child's photograph, image, quote or voice may be published, copyrighted, or otherwise used in news presentation.

\_\_\_\_\_  
(Printed name of parent)

\_\_\_\_\_  
(Signature of parent)

Medical Conditions: No \_\_\_\_\_ Yes \_\_\_\_\_ (Please list on reverse side)

Allergies (Please list): \_\_\_\_\_

Medication Taking: None \_\_\_\_\_ Yes \_\_\_\_\_ (Please list on reverse side)

Emergency telephone number: \_\_\_\_\_

# JC HOLD HARMLESS AGREEMENT & MEDIA AUTHORIZATION

Junior Counselor's Name

---

(Last, First, M.I.)

I wish to participate in MENG Youth Camp, a training event to be conducted on 9-15 & 23 – 29 July 2006 at Bog Brook Training Area in Gilead, ME. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the Maine National Guard shall not be liable for injuries sustained by me while participating in the training event. For purposes of this release, "Maine National Guard" shall include all Guard personnel, the State of Maine and the U.S. Government. I understand participation in the event involves the risk of serious injury. I accept and assume sole responsibility and liability for such risks.

I accept responsibility for my own actions during the training program, and understand that the Maine National Guard reserves the right to exclude me from any activity for reasons of safety.

I understand that Maine news media organizations may be invited to view, photograph or film portions of the training, and to interview attendees. My photograph, image, quote or voice may be published, copyrighted or otherwise used in news presentations.

---

**(Signature of Participant)**

*This document must be signed by the Junior Counselor, not the parent*

## PRIVACY ACT STATEMENT

AUTHORITY: U.S.C. 301, 10 U.S.C. 8012 and EO 9397

PRINCIPAL PURPOSE: To prepare photographs for new stories written by military civilian news media reporters to recognize the achievements of participants, members of the Army and Air National Guard, and the Maine National Guard Family Program.

ROUTINE USE: Information may be disclosed to Maine National Guard and National Guard Bureau agencies plus bona fide civilian news media organizations. Once published information is considered public domain.

DISCLOSURE IS VOLUNTARY: Release of this nature are used, not only to recognize achievements of members, participants, and the Family Program but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.